UNITED STATES DISTRICT COURT

for the

Eastern District of New York

| Ulices Ramales |) | | |
|--------------------|-------------|------------------|----------|
| Plaintiff(s) V. |))) | Civil Action No. | 22cv2079 |
| Mary Rose Byrne |) | | |
| |) | | |
| Defautantla |) | | |
| Defendant(s) |) | | |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Mary Rose Byrne 453 Warren St Brooklyn, New York 11217

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: CRAIG B. SANDERS

SANDERS LAW GROUP 100 Garden City Plaza, Suite 500

Garden City, NY 11530

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

You also must file your answer or motion with the court.

Date: 4/12/2022



BRENNA B. MAHONEY CLERK OF COURT

/s/Priscilla Bowens

Signature of Clerk or Deputy Clerk

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| as rec | ceived by me on (date) | - E | | |
|--------|-------------------------|------------------------------------|--|--------------|
| | ☐ I personally served t | he summons on the individual at | (place) | |
| | | | on (date) | ; or |
| | ☐ I left the summons a | t the individual's residence or us | ual place of abode with (name) | |
| | | , a person | of suitable age and discretion who res | sides there, |
| | on (date) | , and mailed a copy to th | e individual's last known address; or | |
| | ☐ I served the summon | IS ON (name of individual) | | , who is |
| | designated by law to ac | ccept service of process on behal | f of (name of organization) | |
| | | | on (date) | ; or |
| | ☐ I returned the summe | ons unexecuted because | | ; or |
| | ☐ Other (specify): | | | |
| | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 |
| | I declare under penalty | of perjury that this information i | s true. | |
| | | | | |
| ate: | | | Server's signature | |
| | | V | Printed name and title | |
| | | | | |
| | | | Server's address | |

Additional information regarding attempted service, etc: